



Record of Collateral Verification of Employment

Case Name	ID:
Outreach Worker Name:	ID:

Company's Name:	Phone Number:	Fax Number:
Company's Address:		
What is your name?	What is your title?	

How often is this employee paid? ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly
☐ Quarterly ☐ Other _____

What was the gross amount before any deductions paid to the employee each pay period from _____ to _____?

Date Paid	Amount	Date Paid	Amount	Date Paid	Amount

Are any of these checks unusually high or low? ☐ Yes ☐ No If yes, why? _____

What is the average number of hours this employee works each pay period? _____ What is this employee's hourly wage? _____

Do you expect this employee's pay to change? ☐ Yes ☐ No If yes, why? _____

When did this employee start working for your company? _____ Does this employee still work for you? ☐ Yes ☐ No If not, when did this employee stop working for you? _____

Does this employee ever work overtime? ☐ Yes ☐ No

What is the average number of overtime hours this employee works each pay period? _____ What is this employee's hourly overtime wage? _____

Do you expect this employee to continue to work overtime? ☐ Yes ☐ No If no, do you expect this employee to start working overtime again in the future? ☐ Yes ☐ No If yes, when? _____

ARE THE EMPLOYEE OR THE EMPLOYEE'S DEPENDENTS COVERED BY MEDICAL INSURANCE? ☐ Yes ☐ No

What is the insurance company's name? _____ What is the insurance company's phone number? _____

Who is covered by this policy? _____ What is the effective date of coverage? _____

IF THE EMPLOYEE OR THE EMPLOYEE'S DEPENDENTS ARE NOT CURRENTLY COVERED BY MEDICAL INSURANCE, WERE THEY COVERED WITHIN THE LAST 6 MONTHS? ☐ Yes ☐ No

If yes, when did the coverage end? _____ Why did the coverage end? _____

Additional Comments:

Outreach Workers Signature:	Verified on:
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